

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

95 JAN 17 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # M80124 (4)

1. Corporation Name
SUGARLOAF MOUNTAIN, INC.

Principal Place of Business % BARBARA E. PRICE 2036 HOFFNER AVE. ORLANDO FL 32809	Mailing Address % BARBARA E. PRICE 2036 HOFFNER AVE. ORLANDO FL 32809
---	---

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/05/1988	3a. Date of Last Report 04/12/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$3.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRICE, BARBARA E.
2036 HOFFNER AVE.
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, KARICK A. SR.
STREET ADDRESS	2036 HOFFNER AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	PRICE, BARBARA E.
STREET ADDRESS	2036 HOFFNER AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	COX, W.T. JR
STREET ADDRESS	200 PASADENA PLACE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	PRICE, STEPHEN H.
STREET ADDRESS	2036 HOFFNER AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	PRICE, KARICCK A JR
STREET ADDRESS	2036 HOFFNER AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	OVERTON, LAURA M.
STREET ADDRESS	2036 HOFFNER AVE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. T. Cox, Jr. 1/9/95 (407) 849.0222
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR Date Daytime Phone #